

SUPERVISOR - EMPLOYEE CHECKLIST

EMPLOYEE NAME: _____

SUPERVISOR'S NAME: _____

The following checklist is designed to ensure that the teleworker and supervisor are properly oriented to the policies and procedures of the Telework Program. Questions 4, 5, and 6 may not be applicable to the telework employee. If this is the case, state non-applicable or N.A.

1. Employee/Supervisor has read DLA Telework Policy and Procedure.

Date: _____

2. Employee has been provided with a schedule of work hours.

Date: _____

3. Employee has been issued/has not been issued government furnished equipment. (If no equipment has been issued please mark N.A. on the date line.)

Date: _____

4. Equipment issued by DLA is documented and properly receipted.

Check as applicable:	Yes	No
Computer	_____	_____
Modem	_____	_____
fax machine	_____	_____
telephone	_____	_____
other	_____	_____

5. Policies and procedures for care of equipment issued by the Agency have been explained and are clearly understood.

Date: _____

6. Policies and procedures covering classified, secure, or Privacy Act data have been discussed and are clearly understood.

Date: _____

7. Requirements for an adequate and safe office space and/or area have been discussed, and the employee certifies those requirements are met.

Date: _____

8. Performance and conduct expectations have been discussed and are understood.

Date: _____

9. Employee understands that the supervisor may terminate employee participation, in accordance with established administrative procedures and union-negotiated agreements.

10. Employee has participated in training.

Date: _____

11. Supervisor has participated in training.

Date: _____

12. Telework Agreement has been completed and signed.

Date: _____

Employee's Signature _____ DATE: _____

Supervisor's Signature _____ DATE: _____